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TRANSMITTAL FORM

FORM
(to be used for all correspondence after initial filing)

Application Number	09/681,203
Filing Date	February 21, 2001
First Named Inventor	Katz, et al.
Group Art Unit	2131
Examiner Name	C. LaForgia
Attorney Docket Number	158520.01

Lauci No						 	
ENCLOSURES (check all that apply)							
Fee Transmittal Form (in duplicate) Fee Attached		Assignment Papers (for an Application)				ce Communication to TC	
☐ Amendment / Reply☐ After Final (11 pages)		Drawing(s) (sheets)			Appeal Commi Appeals and In	unication to Board of terferences	
After Final (11 pages) Affidavits/declaration(s)		Declaration ☐ Newly Executed (pa	iges)		(Appeal Notice, Brief, Reply Brief)		
☐ Extension of Time Request		A copy from a prior ap					
Express Abandonment Request		Licensing-related Papers	- /		Status Letter		
Information Disclosure Statement with Form PTO/SB/08A (pages)		Petition			Application Da	ta Sheet	
Response to Notice to File Missing Parts A copy of the Notice to File Missing		Petition to Convert to a Pro Application	ovisional		☐ Request for Corrected Filing Receipt		
Parts Under 37 CFR 1.52 or 1.5 CERTIFICATE OF MAILING OR TRANSMISSION		General Power of Attorney	(SB80)	⊠	Return Receip	t Postcard	
(Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being:		37 CFR 3.73(b) Statem		⊠	Other Enclosure(s) (please identify below):		
☑ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:		Terminal Disclaimer			☐ Copy of this Transmittal form		
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or		Request for Refund	·		·		
transmitted by facsimile on the date shown below	└ └─	CD, Number of CD(s)		L	. 	<u> </u>	
Transmitted by facismile on the date shown below to the USPTO at (703) June 29, 2005							
SIGNATURE OF ATTORNEY OR AGENT							
Signature Yould 2		Reg. No.	38,222				
Name of Attorney or Agent		David S. Lee					
Date June 29 2005	Tel. (425) 703-8092		2	Fa	csimile No.	(425) 708-5046	
Assignee Name: MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052							
Customer Number: 22971							

Complete if Known hations Act, 2005 (H.R. 4818). Fees pursuant to the Consolid Application Number 09/681,203 FEE TRANSMITTAL Filing Date February 21, 2001 First Named Inventor Katz, et al. For FY 2005 **Examiner Name** C. LaForgia Art Unit 2131 Applicant claims small entity status. See 37 CFR 1.27 Attorney Docket No. 158520.01 TOTAL AMOUNT OF PAYMENT (\$) 0.00 N/A Express Mail Label No. METHOD OF PAYMENT (check all that apply) Check ☐ Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 200 Design 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 300 250 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 36 or HP= 0 33 Fee (\$) × 50 Fee Paid (\$) HP =highest number of total claims paid for, if greater than 20 0 0 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -5 or HP = 0 - 5 or HP= 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Fee Paid (\$) -100 =/50 =(round up to a whole) number x n 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			
Signature	Varid 5. 2	Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type)	David S. Lee		Date June 29, 2005

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Other:

Docket No.: 158520.01 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors	: Katz, et al.)	
	,)	
Applicant	: Microsoft Corporation)	
)	
Serial No.	: 09/681,203)	Examiner: C. LaForgia
)	
Filed	: February 21, 2001)	Art Unit: 2131
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RESPONSE TO FINAL OFFICE ACTION OF MAY 4, 2005 AMENDMENT

· Sir:

In response to the Final Office Action of May 4, 2005, in connection with the above-identified application, the following amendments and remarks are submitted. Favorable consideration is respectfully requested.

1